

UNITED STATES DISTRICT COURT
DISTRICT OF NEW JERSEY

DECLARATION OF
Andre Mells

Civil Action No.

Pursuant to 28 U.S.C. 1746 I, Andre Mells, declare under penalty of perjury the following is true and correct.

1. I, Andre Mells, #452119C, #871359 am incarcerated at New Jersey State Prison, I am housed on 21 left 62 cell.

2. On Approximately August 28, 2020 I saw and heard correction officer Z. Goodwin tell another prisoner, the name I don't know, that since inmate Durham in 26 cell wants to write grievances and file lawsuits against correctional staff when I work no yard for him. And I will continue to destroy his cell whenever I search, I already broke his T.V., and threw away his legal papers and photos.

3. On approximately September 15, 2020 I overheard and saw C.O. L. Jovanovic tell a white inmate I hate blacks especially Durham who continues to write grievances and file lawsuits. I will continue to vandalize his cell when I search it, no Kiosk for him, when I work.

Ucc1-308 Andre Mells

10-9-20

CO-90A

DEPARTMENT OF CORRECTIONS AD-SEG INMATE INVENTORY SHEET

STATE # 647007

SBI #

INMATE'S NAME: Durham, T.DESTINATION: FROM: 4C/PropertyINVENTORY OFFICER: K M E E n l y

Print Name

TO: 7L 32/2
#BOXES/BAGS 8 K M E E n l y 9-25-15

Signature

Date

TRANSPORTING OFFICER:

#BOXES/BAGS

Print Name

Signature

Date

Item	Auth.	Trans	Recv	Item	Auth.	Trans	Recv	Item	Auth.	Trans	Recv
Appliances				Stationary/Reading				Commissary Items			
Fan <u>Masscy</u>	1	1		Cards-Playing	4			Bowl	1	1	
Ice Chest <u>Styro</u>	1	1		Envelopes (Level 1)	20			Candy	15		
Ironing Board	40	35		Envelopes (Level 2)	100			Cereal	4		
Radio	1			Legal Papers	No Limit	ASST		Chap Stick	3	1	
Serial #				Letters	No Limit	ASST		Cheese Spread	10		
Cable Wire	1			Magazines	No Limit	ASST		Chips / Popcorn / Pretzels	6		
Television	1			Paperback Books	No Limit	70		Cookies	6		
Serial #				Pens Security	4			Cough Drops	4		
Typewriter	1			Photo Albums	2	1		Crackers	6		
Serial #				Pictures	No Limit	ASST		Cup	1	1	
W/P Monitor	1			Stamps (Level 1)	20	8		Drink Mixes	8		
Serial #				Stamps (Level 2)	40			Honey Buns	8		
Word Processor	1			Toiletry Items				Laundry Bag	1	2	
Serial #				After Shave	3			Nuts	3		
Correctable Ribbons	12			Comb	1	1		Peanut Butter	4		
Ribbons	12			Cotton Swabs (Q-Tips)	4			Photo Cards	9	5	
Printwheels	2			Dentures Upper / Lower	1 / 1			Powdered Milk	8		
Disk Case	1			Denture Adhesive	2			Rolaids	3		
Disks	20			Denture Cleanser	1			Slim Jims	15		
Clothing				Denture Cup	1			Storage Bins	5	5	
Athletic Shirts	9			Deodorant	3	3		Sugar	3		
Bath Robe	1			Lotion	4			Sugar Substitute	3		
Boots	1			Mouth Wash	2			Water	6		
Gloves	1			Shampoo	4	1		Bedding			
Gym Shorts	2			Shaving Cream	3			Blanket	1		
Handkerchiefs	5			Soap	3			Pillow	1		
Khaki Pants	3	3		Soap Dish	1			Pillow Case	1		
Khaki Shirts	3	3		Tissues	3			Sheets	2		
Kn't Hat	1	1		Toilet Paper	3	3		I.D.		1	
Overcoat	1	1		Toothbrush	2	2		<u>Cooker has no lid from 4C.</u>			
Pajamas	2			Toothpaste	3	1					
Showers Shoes	2	1		Towel	1	1					
Sneakers	2	1		Wash Cloth	1						
Socks	12	11		Jewelry/Religious							
Sweatpants	2	1		Bible or Qur'an	1	1					
Sweatshirts	2	1		Charm (Medal)	1						
Thermal Bottoms	2	1		Kuffi	1						
Thermal Tops	2	1		Necklace	1						
T-Shirts	12	7		Prayer Beads	1						
Underwear	12	10		Prayer Rug	1						
				Rings	1						
				Rosary	1						
				Watch	1						

Perishable Items will not be inventoried or transferred

RECEIVING OFFICER: A. D. Durham

Print Name

#BOXES/BAGS 8INMATE: T. Durham
(I received the above listed items)

#BOXES/BAGS

Signature

Date

Signature

Date

Distribution: WHITE - Inmate (Sending Inst.); CANARY - Transporting Officer;

NEW JERSEY
DEPARTMENT OF CORRECTIONSRevised
6/17/96**INMATE CLAIM FOR LOST, DAMAGED OR DESTROYED PERSONAL PROPERTY**
RECLAMO DEL CONFINADO POR LA PROPIEDAD PERSONAL PERDIDA, DAÑADA O DESTRUIDA

Please Print or Type

[Sírvese usar letras de molde o máquina de escribir]

New Jersey State Prison

Correctional Facility [Institución de Corrección]

1. Tremayne Durham 647007 4 right
 Printed name of inmate [Nombre del(a) confinado(a) en letras de molde] Number [Número] Housing unit [Unidad de vivienda]

2. On or about 4/21/21 3. New Jersey State Prison
 Date of incident [Fecha del incidente] Claim against which correctional facility [Reclamo contra cuál institución de corrección]

4. ITEM [ARTÍCULO]	FULL DESCRIPTION OF ITEM [DESCRIPCIÓN COMPLETA DEL ARTÍCULO]	PURCHASE PRICE [PRECIO DE COMPRA]	ESTIMATED PRESENT VALUE [VALOR ACTUAL CALCULADO]	SUGGESTED AMOUNT FOR SETTLEMENT OF CLAIM [CANTIDAD SUGERIDA COMO PAGO DEL RECLAMO]
(a) photos	family, mother, wife, etc friends	\$ n/a	\$ priceless	\$ 900,000
(b) legal mail	clearly marked legal mail exhibits, etc	\$ n/a	\$ priceless	\$ 900,000
(c)		\$	\$	\$

5. Name and address of store(s) and date of purchase for each item. [Nombre y dirección de la(s) tienda(s) y la fecha de compra de cada uno de los artículos.]

n/a

6. Please list here attached documents supporting your claim, including receipts. [Enumere los documentos adjuntos que respalden su reclamo, incluso los recibos]

Dept of Corrections Ad-sep inmate inventory sheet dated 9/20/21

7. Manner in which item(s) was lost, damaged or destroyed (Explain in detail). [Manera en que el(los) artículo(s) se perdió, se dañó o se destruyó (Explique en detalle).]

Destroyed/Stolen by O.F.C. Z. Goudwin, O.F.C. L. Jovanovic

8. Names of witnesses to incident. If inmate, give State number; if employee, give title/rank [Nombres de los testigos del incidente. Si fuese confinado, dé el número del Estado; si fuese empleado, dé el título/rango.]

Roberto Grillo #609227C Andre Melis #452119C
Ewart Guillehe #128139E

9. If repairs are required, give name of person who will make repairs and attach a copy of estimate. [Si se requieren reparaciones, dé el nombre de la persona que las hará y adjunte copia del presupuesto.]

I certify that the information contained in this claim is true and accurate. [Certifico que la información contenida en este reclamo es verídica y exacta.]

Tremayne Durham

Signature of inmate [Firma del(a) confinado(a)]

4/22/21

Date [Fecha]

Printed name of staff member receiving the form
[Nombre del miembro del personal que reciba el formulario]Signature of staff member receiving the form
[Firma del miembro del personal que reciba el formulario]

Date [Fecha]

NOTE: This form must be submitted to the Superintendent within 15 days of the incident or discovery of the incident. All of the information requested above must be supplied in order to process the claim. [Este formulario deberá someterse al(la) Superintendente dentro de los 15 días a partir del incidente o del descubrimiento del incidente. Se deberá proporcionar toda la información solicitada para poder procesar el reclamo.]

NEW JERSEY
DEPARTMENT OF CORRECTIONSRevised
6/17/96**INMATE CLAIM FOR LOST, DAMAGED OR DESTROYED PERSONAL PROPERTY**
RECLAMO DEL CONFINADO POR LA PROPIEDAD PERSONAL PERDIDA, DAÑADA O DESTRUIDA

Please Print or Type

[Sírvese usar letras de molde o máquina de escribir]New Jersey State Prison
Correctional Facility [Institución de Corrección]

1. Tremayne Durham 647007 1 right
Printed name of inmate [Nombre del(la) confinado(a) en letras de molde] Number [Número] Housing unit [Unidad de vivienda]
2. 10/23/20 3. New Jersey State Prison
Date of incident [Fecha del incidente] Claim against which correctional facility [Reclamo contra cuál institución de corrección]

4. ITEM [ARTÍCULO]	FULL DESCRIPTION OF ITEM [DESCRIPCIÓN COMPLETA DEL ARTÍCULO]	PURCHASE PRICE [PRECIO DE COMPRA]	ESTIMATED PRESENT VALUE [VALOR ACTUAL CALCULADO]	SUGGESTED AMOUNT FOR SETTLEMENT OF CLAIM [CANTIDAD SUGERIDA COMO PAGO DEL RECLAMO]
(a) <u>legal mail</u>	<u>clearly marked legal mail</u>	\$	\$ <u>n/a</u>	\$ <u>100,000</u>
(b) <u>photos</u>	<u>Family/Friends photos</u>	\$	\$ <u>photos</u>	\$ <u>100,000</u>
(c)		\$	\$	\$

5. Name and address of store(s) and date of purchase for each item. [Nombre y dirección de la(s) tienda(s) y la fecha de compra de cada uno de los artículos.]

n/a

6. Please list here attached documents supporting your claim, including receipts. [Enumere los documentos adjuntos que respalden su reclamo, incluso los recibos]

7. Manner in which item(s) was lost, damaged or destroyed (Explain in detail). [Manera en que el(los) artículo(s) se perdió, se dañó o se destruyó (Explique en detalle).]

Destroyed stolen by Offic. Z. Goodwin during cell search.

8. Names of witnesses to incident. If inmate, give State number; if employee, give title/rank. [Nombres de los testigos del incidente. Si fuese confinado, dé el número del Estado; si fuese empleado, dé el título/rango.]

Z. Goodwin

9. If repairs are required, give name of person who will make repairs and attach a copy of estimate. [Si se requieren reparaciones, dé el nombre de la persona que las hará y adjunte copia del presupuesto.]

I certify that the information contained in this claim is true and accurate. [Certifico que la información contenida en este reclamo es verídica y exacta.]

Tremayne Durham
Signature of inmate [Firma del(la) confinado(a)]10/25/20
Date [Fecha]Printed name of staff member receiving the form
[Nombre del miembro del personal que reciba el formulario]Signature of staff member receiving the form
[Firma del miembro del personal que reciba el formulario]

Date [Fecha]

NOTE: This form must be submitted to the Superintendent within 15 days of the incident or discovery of the incident. All of the information requested above must be supplied in order to process the claim. [Este formulario deberá someterse al(la) Superintendente dentro de los 15 días a partir del incidente o del descubrimiento del incidente. Se deberá proporcionar toda la información solicitada para poder procesar el reclamo.]

Exhibit C-3

CIVIL ACTION No. _____

Pursuant to 28 U.S.C. section 1746, I
Haheem Williams declare under the penalty
of perjury the following is true and correct.

1. I Haheem Williams #1161946, #828877E
am confined at New Jersey State Prison
on 21st cell # 156.

2. On or about March 4, 2021. I complained
about numerous waterbugs, cockroaches, ants
and other vermin in my cell prior to
me being in the cell and had got worse.
I told O.F.C. L. Jovanovic who said
"don't come to prison if you don't like
insects". I also told O.F.C. Z. Goodwin
who said "go back to africa I bet
there are more bugs over there. On
March 8, 2021 I told J. Akurk about the
situation and she just walked away and
laughed at me.

3. No exterminator sent nothing done about the
vermin and insect infestation all over my property.

sign Haheem Williams
date 4-22-2021

Exhibit C-4

Civil Action No. _____

PURSUANT TO 28 U.S.C Section 1746 I,
EWART M Guillette declare under
PENALTY OF PERJURY the Following is
TRUE and CORRECT.

1. I, EWART M Guillette #128139E / #99879P
am Confined at New Jersey State
Prison, housed on 2nd cell # 60.

2. On OR ABOUT 12/9/2020 Contraband was
placed in my cell by O.F.C 2. Goodwin and
I. Jovanovic I was placed in disciplinary
housing for 3 months.

3. On OR ABOUT March 9, 2021 I was returned
to the same unit but I was never given
my personal property. When I inquired
from O.F.C L. Jovanovic, about my property
he said "I will decide when and if you
get your property nigger".

4. On March 13, 2021 on 2nd shift O.F.C
M. Doyle, I asked him in front of
a sergeant about receiving my property.
I asked every day since being back on
the unit and O.F.C M. Doyle said

Exhibit C-5

Later on while in my cell, O.F.C M. Doyle said "Fuck you Nigger" for making him look like he's not doing his job in front of the Sergeant.

6. In the past on several occasions I was called names such as, monkey and gorilla, by the same named officers on the unit, I have also seen them use the same language towards other Black prisoners and Hispanics.

Robert J. Smith
03/14/2021

ON-THE-SPOT DISCIPLINARY REPORT/ADJUDICATION

PART 1 (To be completed by reporting staff)

Date: 3.20.21 Institution: NJSP
1. Inmate Name William, T Number 647007
2. Prohibited Act# 151 Name Failure to follow safety or institution
3. Reporting Employee J. Althirk Title ORC
4. Place of Alleged Infraction 2L Cell # 6 Date 3.20.21 Time approx 9:00/10:00
5. Description of Alleged Infraction Inmate refuses to shower -
refuses to keep cell clean - cell infested
with bugs.
6. Witness(es) Name(s) and Number(s) (attach statements) _____

7. PROPOSED ON-THE-SPOT SANCTION:

- ☐ Verbal Reprimand;
☒ Loss of Recreation Privileges up to 5 Days 3.23.21 to 3.29.21
☐ Extra Work Duty up to 4 Hours _____
☐ Confinement to Tier Room, or Cell up to 4 Hours _____
☐ Loss of Radio, or Television Privileges, up to 5 Days _____

8. Inmate has been notified of a right to a conference with the shift supervisor within 24 hours.

Requested _____ Waived _____ Inmate's Signature K. Eusea
9. Report delivered to above inmate by J. Althirk Date 3.23.21 Time 0925 hours

Original and Copy 1: Shift supervisor
Copy 2: Inmate

PART 2 - (To be completed by shift supervisor)

10. Conference held: ☐ Yes ☒ No, state reasons, for inmate's absence 4m delayed
11. Comments of Shift Supervisor charge has merit.

12. Decision: ☐ Guilty ☐ Not Guilty

13. Sanction: 1 day loss of rec

14. Shift Supervisor [Signature] Date _____

15. Copy delivered to inmate by _____ Date _____

Original: Inmate's folder
Copy 1: Inmate